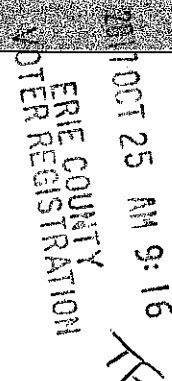


Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number 47-2981798		Report Filed By (Mark X) <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Lobbyist	
Name of Filing Committee, Candidate or Lobbyist JESS JULIANTE CAMPAIGN COMMITTEE			
Street Address 1703 SUNRISE LAKES DRIVE #5A			
City ERIE	State PA	Zip Code 16509	
Type of Report (Place x under report type)			
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY) 11-07-2017	Year 2017	Amendment Report <input type="checkbox"/>	Termination Report <input type="checkbox"/>
Summary of Receipts and Expenditures		For Office Use Only	
From Date 06-06-2017	To Date 10-23-2017		
A- Amount Brought Forward From Last Report	\$ 1,889.25		
B- Total Monetary Contributions and Receipts (From Schedule I)	\$ 32,150.00		
C- Total Funds Available (Sum of Lines A and B)	\$ 34,039.25		
D- Total Expenditures (From Schedule III)	\$ 25,556.79		
E- Ending Cash Balance (Subtract Line D from Line C)	\$ 8,482.46		
F- Value of In-Kind Contributions Received (From Schedule II)	\$ - 0 -		
G- Unpaid Debts and Obligations (From Schedule IV)	\$ 39,000.00		
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.			
I swear (or affirm) that this report, including the attached Schedules on paper, is to the best of my knowledge and belief true, correct and complete.			
Sworn to and subscribed before me this 25 day of October 20 17			
Tonia Wilt			
Signature			
My Commission expires 4-3-19 MO. DAY YR.			
Affidavit Section			
Signature of Person Submitting Report FILEEN AGRESTI			
Printed Name			
Area Code 814 Daytime Telephone Number 572-0307			
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.			
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.			
Sworn to and subscribed before me this 25 day of October 20 17			
Tonia Wilt			
Signature			
My Commission expires 4-3-19 MO. DAY YR.			
Signature of Candidate JESS JULIANTE			
Printed Name			
Area Code 814 Daytime Telephone Number 864-7476			

SECTION I

Detailed Summary Page

Name of Filing Committee or Candidate JESS JULIANTE CAMPAIGN COMMITTEE	Reporting Period From <u>06/06/2017</u> To <u>09/23/2017</u>
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1. UNMEMORIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	1,750 ⁰⁰

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 250 ⁰⁰
All Other Contributions (Part B)	4050 ⁰⁰
TOTAL for the Reporting Period (2)	4,300 ⁰⁰

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 6.00
All Other Contributions (Part D)	26,100.00
TOTAL for the Reporting Period (3)	26,100.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 00.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 32,150 ⁰⁰
--	-------------------------

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number						Amount	
47-2981798							
Full Name of Contributing Committee		AFSCME Council 13 POLITICAL & LEGISLATIVE		Date [MM/DD/YYYY]	10/12/2017	\$	\$ 250.00
House #	4031	Street Address		EXECUTIVE PARK DR.		Date [MM/DD/YYYY]	\$
City	HARRISBURG	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Pg 1 of 5

Header Contribution Number	47-2981798
----------------------------	------------

Full Name of Contributor	BOB GLOWACKI	Date (MM/DD/YYYY)	08/28/2017	\$	250 ⁰⁰
House #	9645	Street Address	WEST LAKE ROAD	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505
Full Name of Contributor	EILEEN AGRESTI	Date (MM/DD/YYYY)	09/01/2017	\$	100 ⁰⁰
House #	906	Street Address	WYOMING AVE	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505
Full Name of Contributor	LOUIS J. AGOSTINI	Date (MM/DD/YYYY)	08/24/2017	\$	100 ⁰⁰
House #	6003	Street Address	MARBLE LANE	Date (MM/DD/YYYY)	
City	FAIRVIEW	State	PA	Zip Code	16415
Full Name of Contributor	JESSICA M. JULLIANTE	Date (MM/DD/YYYY)	09/05/2017	\$	200 ⁰⁰
House #	1020	Street Address	OREGON AVE	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505
Full Name of Contributor	EDWARD P. WHITTMANN	Date (MM/DD/YYYY)	09/07/2017	\$	100 ⁰⁰
House #	2207	Street Address	SOUTH SHORE DR	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505
Full Name of Contributor	JIM MCKIBBEN	Date (MM/DD/YYYY)	08/31/2017	\$	100 ⁰⁰
House #	108	Street Address	STATE ST.	Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16501

PART B TOTAL PG. 1 of 5 \$ 850 ⁰⁰

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Pg 2 of 5

Filer Identification Number	47-2981798
-----------------------------	------------

Full Name of Contributor: DIANE M. THOMPSON					Date (MM/DD/YYYY): 09/10/2017	\$ 150.00
House #	417	Street Address: ZEPHYR AVE.			Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505	Date (MM/DD/YYYY)
Full Name of Contributor: GERALDINE M. KAUFMANN					Date (MM/DD/YYYY): 09/03/2017	\$ 100.00
House #	4048	Street Address: CHILTON CT.			Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505	Date (MM/DD/YYYY)
Full Name of Contributor: KEVIN MIKIELSKI					Date (MM/DD/YYYY): 09/10/2017	\$ 100.00
House #	6292	Street Address: INDIGO RUN			Date (MM/DD/YYYY)	
City	FAIRVIEW	State	PA	Zip Code	16415	Date (MM/DD/YYYY)
Full Name of Contributor: ALAN E. ALBRECHT					Date (MM/DD/YYYY): 09/10/2017	\$ 150.00
House #	4214	Street Address: PLAZA DR.			Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16506	Date (MM/DD/YYYY)
Full Name of Contributor: ROBERT D. VITRON					Date (MM/DD/YYYY): 09/10/2017	\$ 100.00
House #	429	Street Address: ZEPHYR DR.			Date (MM/DD/YYYY)	
City	ERIE	State	PA	Zip Code	16505	Date (MM/DD/YYYY)
Full Name of Contributor: JEFF TENDEY					Date (MM/DD/YYYY): 09/12/2017	\$ 100.00
House #	10250	Street Address: TIGER LILLY LANE			Date (MM/DD/YYYY)	
City	WATER FORD	State	PA	Zip Code	16441	Date (MM/DD/YYYY)

PART B, Pg 2 \$ 700.00
 Pg. 1 to 2 \$ 1550.00

B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Pg 3 of 5

File No. / Form Number	47-298 1798
------------------------	-------------

Full Name of Contributor		Date (MM/DD/YYYY)		
DICK WHITBREAD		09/12/2017		100 ⁰⁰
House #	Street Address	Date (MM/DD/YYYY)		
3005	DAVISON AVE.			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16504		
Full Name of Contributor		Date (MM/DD/YYYY)		
WILLIAM O. MILLER		10/13/2017		100 ⁰⁰
House #	Street Address	Date (MM/DD/YYYY)		
5442	MYSTIC RIDGE DR			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16506		
Full Name of Contributor		Date (MM/DD/YYYY)		
WILLIAM A. STORTEN		09/10/2017		250 ⁰⁰
House #	Street Address	Date (MM/DD/YYYY)		
4505	TULANE AVE.			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16506		
Full Name of Contributor		Date (MM/DD/YYYY)		
JOSEPH BIZZARD		09/19/2017		100 ⁰⁰
House #	Street Address	Date (MM/DD/YYYY)		
3120	BROAD LAWN DR.			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16505		
Full Name of Contributor		Date (MM/DD/YYYY)		
JEFFREY CORRITORE		09/14/2017		150 ⁰⁰
House #	Street Address	Date (MM/DD/YYYY)		
1147	W. 31 ST ST.			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16508		
Full Name of Contributor		Date (MM/DD/YYYY)		
RICHARD A. VEDDETTI		09/10/2017		250 ⁰⁰
House #	Street Address	Date (MM/DD/YYYY)		
447	W. 52 ND ST.			
City	State	Zip Code	Date (MM/DD/YYYY)	
ERIE	PA	16509		

PART B Pg. 3 \$ 950⁰⁰
Pg 1 of 3 \$ 2500⁰⁰

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number	47-2981798
-----------------------------	------------

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Pg 1 of 3

Filer Identification Number:	47-2981798
------------------------------	------------

Full Name of Contributor: JOSEPH PALERMO				Date: MM/DD/YYYY: 07/10/2017		\$ 1000 ⁰⁰
House #: 2500	Street Address: PALERMO DR.			Date: MM/DD/YYYY:		\$
City: ERIE	State: PA	Zip Code: 16506		Date: MM/DD/YYYY:		\$
Employer Name: PALERMO REALTY				Occupation: REAL ESTATE DEVELOPER		
Employer Mailing Address// Principal Place of Business: 2500 PALERMO DR.; ERIE, PA 16506						
Full Name of Contributor: ANTHONY F. CAMPANELLA				Date: MM/DD/YYYY: 08/28/2017		\$ 300 ⁰⁰
House #: 5343	Street Address: W. 38 th STREET			Date: MM/DD/YYYY:		\$
City: ERIE	State: PA	Zip Code: 16506		Date: MM/DD/YYYY:		\$
Employer Name: N/A				Occupation: RETIRED		
Employer Mailing Address// Principal Place of Business: N/A						
Full Name of Contributor: JAMES C. SWIERCZEWSKI				Date: MM/DD/YYYY: 08/30/2017		\$ 500 ⁰⁰
House #: 728	Street Address: POTOMAC AVE.			Date: MM/DD/YYYY:		\$
City: ERIE	State: PA	Zip Code: 16505		Date: MM/DD/YYYY:		\$
Employer Name: N/A				Occupation: RETIRED		
Employer Mailing Address// Principal Place of Business: N/A						
Full Name of Contributor: MICHAEL DOWIKOWSKI				Date: MM/DD/YYYY: 09/05/2017		\$ 500 ⁰⁰
House #: 4804	Street Address: WOLF RD.			Date: MM/DD/YYYY:		\$
City: ERIE	State: PA	Zip Code: 16505		Date: MM/DD/YYYY:		\$
Employer Name: N/A				Occupation: RETIRED		
Employer Mailing Address// Principal Place of Business: N/A						

Part D, Pg 1 of 3 \$2300⁰⁰

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Page 3

47-2981798

Contributor	MICHAEL VISNOSKY			Date	10/05/2017	\$	300.00
House	5648	Street Address	FOREST KING	Date		\$	
City	ERIE	State	PA	Zip Code	16506	Date	
Employer Name	KNOX MELANIE GORDON ESQ.			Occupation	ATTORNEY		
Employer Mailing Address / Principal Place of Business	120 W. 10th ST; ERIE, PA 16501						
Full Name of Contributor	JOHN MICHAEL FERRETTI II			Date	10/14/2017	\$	500.00
House	1237	Street Address	ST. MARY'S DR.	Date		\$	
City	ERIE	State	PA	Zip Code	16509	Date	
Employer Name	LECOM CLARK ERIE COLLEGE OF			Occupation	PRESIDENT - LECOM		
Employer Mailing Address / Principal Place of Business	1858 W. GRANDVIEW BLVD. ERIE, PA 16509						
Full Name of Contributor	RICHARD P. OLINGER			Date	10/16/2017	\$	500.00
House	8215	Street Address	PLATZ ROAD	Date		\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date	
Employer Name	MILLCREEK COMMUNITY HOSPITAL			Occupation	CFO		
Employer Mailing Address / Principal Place of Business	5515 PEACH ST.; ERIE, PA 16509						
Full Name of Contributor	MARY L. ECKERT			Date	10/16/2017	\$	500.00
House	5403	Street Address	PEPPERWOOD CIR	Date		\$	
City	ERIE	State	PA	Zip Code	16506	Date	
Employer Name	MILLCREEK COMMUNITY HOSPITAL			Occupation	MILLCREEK COMM. HOSP.		
Employer Mailing Address / Principal Place of Business	5515 PEACH ST.; ERIE, PA 16509 / PRESIDENT/CEO						

Part D, Pg 2 of 3 + 1800.00
 TOTAL Pg 1 & 2 \$ 4100.00

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Pg 3 of 3

File Identification Number	47-2981798
----------------------------	------------

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
JESS JULIANTE					09/08/2017	\$	15,000 ⁰⁰
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$	
1703	SUNRISE LAKES DR #5A		PA	16509	10/23/2017	\$	7,000 ⁰⁰
City	State		Zip Code	Date (MM/DD/YYYY)	\$		
ERIE	PA		16509				
Employer Name					Occupation		
N/A					RETIRED		
Employer Mailing Address / Principal Place of Business							
N/A							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
						\$	
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$	
						\$	
City	State		Zip Code	Date (MM/DD/YYYY)	\$		
						\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
						\$	
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$	
						\$	
City	State		Zip Code	Date (MM/DD/YYYY)	\$		
						\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
						\$	
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$	
						\$	
City	State		Zip Code	Date (MM/DD/YYYY)	\$		
						\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART D, Pg. 3 22,000⁰⁰
TOTAL Pgs 1 to 3 26,100⁰⁰

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number	47-2981798
----------------------------	------------

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: <div>47-298 1798</div>

Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address		Date (MM/DD/YYYY)	S	
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address		Date (MM/DD/YYYY)	S	
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address		Date (MM/DD/YYYY)	S	
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address		Date (MM/DD/YYYY)	S	
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address		Date (MM/DD/YYYY)	S	
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Description of Contribution					

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	47-2981798
-----------------------------	------------

Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

SCH. III, Pg. 1 of 2

Filer Identification Number		47-2981798			
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To Whom Paid	DESANTIS SIGNS & GRAPHICS				Date (MM/DD/YYYY)	08-09-2017	\$	850.65
House #	540	Street Address	WEST 18 th ST.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	YARD SIGNS		

To Whom Paid	FRANK GILDERSLEEVE				Date (MM/DD/YYYY)	09/10/2017	\$	450.00
House #	3052	Street Address	WEST 38 th ST.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	FUND RAISER - FOOD PREP		

To Whom Paid	DON LANGER				Date (MM/DD/YYYY)	09/10/2017	\$	200.00
House #	3011	Street Address	ARCADIA DR.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	FUND RAISER - DJ		

To Whom Paid	FRANK'S FARM MARKET				Date (MM/DD/YYYY)	09/09/2017	\$	75.00
House #	8551	Street Address	RICK ROAD		Description of Expenditure			
City	MEKEAN	State	PA	Zip Code	16426	FUND RAISER - CORN		

To Whom Paid	WESTGATE FARMS				Date (MM/DD/YYYY)	09/09/2017	\$	320.00
House #	10951	Street Address	EAST LAKE ROAD		Description of Expenditure			
City	NORTH EAST	State	PA	Zip Code	16428	ROASTER PIG - FUND RAISER		

To Whom Paid	ERIE'S ELK LODGE #67				Date (MM/DD/YYYY)	09/10/2017	\$	2,860.32
House #	2404	Street Address	PENINSULA DR.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	FUND RAISER - FOOD/LOCATION		

To Whom Paid	SYNERGY BUS. FORMS				Date (MM/DD/YYYY)	08/16/2017	\$	84.27
House #	3802	Street Address	WEST LAKE ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16505	FUND RAISER - TICKETS		

To Whom Paid	PRINTING CONCEPTS				Date (MM/DD/YYYY)	10/06/2017	\$	6,715.76
House #	4982	Street Address	PACIFIC AVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	#1 CAMPAIGN MAIL-OUT		

SCH. III, Pg. 1 of 2

\$ 11,550.00

SCHEDULE III
Statement of Expenditures

SCH. III, Pg 2 of 2

File Identification Number: **47-2981798**

To Whom Paid	CONNOISSEUR MEDIA				Date (MM/DD/YYYY)	10/17/2017	\$	3964.40
House #	ONE	Street Address	BOSTON STORE PLACE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16501		CAMPAIGN RADIO ADS	
To Whom Paid	CUMULUS MEDIA				Date (MM/DD/YYYY)	10/17/2017	\$	2798.20
House #	471	Street Address	ROBISON ROAD		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509		CAMPAIGN RADIO ADS	
To Whom Paid	WCTL RADIO				Date (MM/DD/YYYY)		\$	522.43
House #	10912	Street Address	PEACH ST.		Description of Expenditure			
City	WATERFORD	State	PA	Zip Code	16441		CAMPAIGN RADIO ADS	
To Whom Paid	PRINTING CONCEPTS				Date (MM/DD/YYYY)	10-20-2017	\$	6715.76
House #	4982	Street Address	PACIFIC AVE.		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506		CAMPAIGN MAIL-OUT #2	
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

SCH. III, Pg 2 of 2 (ABOVE)
Pg 1 of 2
SCH. III TOTAL

14,000.79
11,556.00
25,556.79

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	47 -2981798
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Name of Creditor					Outstanding Balance of Debt	
JESS SULLIVANTE					\$ 39,000.00	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	State	Zip Code		
1703	SUNRISE LAKES DR #5A	VARIOUS	PA	16509		
City	ERIE					
Description of Debt						
LOAN FROM CANDIDATE TO CAMPAIGN COMMITTEE						

Name of Creditor					Outstanding Balance of Debt	
					\$	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	State	Zip Code		
City						
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	State	Zip Code		
City						
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	State	Zip Code		
City						
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	State	Zip Code		
City						
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
					\$	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	State	Zip Code		
City						
Description of Debt						